

Participant Application

To attend *Public Safety WMD Response - Sampling Techniques and Guidelines*, each participant **MUST** fully complete this form below and return it to the location designated.



I am requesting approval to participate in the course *Public Safety WMD Response - Sampling Techniques and Guidelines* (PER 222) at the following participant level:



Primary Level (HazMat tech with medical clearance and respiratory fit-testing)

_____ Date last medical clearance completed

_____ Date last respiratory fit test completed



Secondary Level

(non-HazMat Technician) -
*Please complete the form
on the opposite side*

Primary Level Participant (PLEASE PRINT)

Name
LAST FIRST MI

Mailing Address:

City State Zip Code

Phone (Home/Cell): Phone (Work): Fax:

Primary Email:

Department/Agency Name: Job Title:

Department Chief/Director:

Department Address:

City: State Zip Code

Tyvek Suit Size: ☐ Large ☐ X-Large ☐ XX-Large ☐ XXX-Large

Nitrile Glove Size: _____

I hereby attest that the information provided is accurate and I request inclusion as a participant in this course.

Requesting Individual's Signature

Date

I attest that this individual is certified at the HazMat tech level, has documentation on file with approved medical clearance, and is respiratory fit-tested. I thereby authorize the above named individual to participate in this course.

Supervisor's Signature

Date

Secondary Level Participant (PLEASE PRINT)

Name

LAST

FIRST MI

Mailing Address:

City

State

Zip Code

Phone (Home/Cell):

Phone (Work):

Fax:

Primary Email:

Department/Agency Name:

Job Title:

Department Chief/Director:

Department Address:

City

State

Zip Code

I hereby attest that the information provided is accurate and I request inclusion as a participant in this course.

Requesting Individual's Signature

Date

I authorize the above named individual to participate in this course.

Supervisor's Signature

Date

Public Safety WMD Response - Sampling Techniques and Guidelines



PARTICIPANT APPLICATION FORM